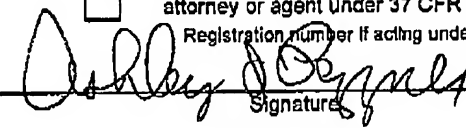


PTO/SB/22 (07-06)  
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|---|------------|---|-------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br>FY 2005<br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |            | <b>Docket Number (Optional)</b><br>05129-00079-US |             |
| <b>Application Number</b> 10/816,766-Conf. #2789  |            | <b>Filed</b> April 2, 2004                        |             |
| <b>For</b> COMPOSITIONS COMPRISING 1,1,1,3,3-PENTAFLUOROBUTANE AND USE OF THESE COMPOSITIONS  |            |   |             |
| <b>Art Unit</b> 1751  |            | <b>Examiner</b> J. R. Hardee                      |             |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |            |   |             |
|   | <b>Fee</b> | <b>Small Entity Fee</b>                           |             |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60  | \$          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450      | \$225   | \$          |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020     | \$510   | \$ 1,020.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795   | \$          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080  | \$          |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |   |             |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |   |             |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |   |             |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |   |             |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-2775. I have enclosed a duplicate copy of this sheet.                             |            |   |             |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |             |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |   |             |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 35,646   |            |   |             |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34: _____   |            |   |             |
| <br>Signature  |            | September 27, 2006<br>Date                        |             |
| Ashley I. Pezzner<br>Typed or printed name  |            | (302) 658-9141<br>Telephone Number                |             |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |   |             |
| <input type="checkbox"/> Total of 1 forms are submitted.  |            |   |             |

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Patent Number**Inventor:** Pierre Dournel et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** CONNOLLY BOVE LODGE & HUTZ LLP

Ashley I. Pezzner

**PHONE:** (302) 658-9141**Attorney Dkt. #:** 05129-00079-US**PAGES (Including Cover Sheet):** 12**CONTENTS:** Certificate of Transmission  
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**Telephone:** (302) 658-9141 **Facsimile:** (302) 658-5614

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Application No. (if known): 10/818786

Attorney Docket No.: 05129-00079-US

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